

2

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	75331		
O.I.P.E. CLASSIFIER		10	10-14-99
FORMALITY REVIEW		107008	10-20-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓✓
9	✓
10	✓✓
11	✓✓
12	✓✓
13	○=
14	○=
15	○=
16	✓✓
17	✓✓
18	✓✓
19	✓✓
20	✓✓
21	✓✓
22	✓✓
23	✓✓
24	✓✓
25	-
26	-
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	○=

Claim	Date
51	✓
52	✓
53	✓
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56	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy